

# PUBLIC HEALTH REPORTS

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## THE NATIONAL LEPROSARIUM, CARVILLE, LA.

Review of the More Important Activities During the Fiscal Year Ended  
June 30, 1934

By O. E. DENNEY, *Surgeon, United States Public Health Service, Medical Officer  
in Charge*

Although a considerably reduced budget necessarily curtailed the activities of this hospital during the year, the routine of the institution continued much as in the past. Several factors made this possible: First, and paramount, the excellent cooperation of the patients and the personnel in accepting the necessity for readjustment; second, storerooms well stocked with staple supplies reduced considerably the routine purchasing; and third, the relatively low cost of supplies permitted the purchasing of larger quantities.

Sixty-four new patients were admitted during the fiscal year; 50 were patients not previously hospitalized in the institution, 3 were formerly paroled patients whose leprosy had become reactivated, necessitating further hospitalization, and 5 were previously released patients who were readmitted for the treatment of secondary conditions indirectly dependent upon leprosy but in whom the disease showed no signs of clinical or bacteriologic reactivation. Seventeen patients absconded; 6 absconders were readmitted; 9 aliens were deported as not entitled to hospitalization at the expense of the Federal Government; 20 were paroled, of whom 2 elected to remain in the hospital. The maximum number in the hospital on any one day was 374, and the number hospitalized at the close of the fiscal year was 361. During the year, 130,109 days of in-patient relief were furnished, approximately the same as for the preceding year.

(1359)

*Number of new patients by State or country from which admitted, and nativity of all patients*

State or country	New patients		Nativity of all patients in hospital	State or country	New patients		Nativity of all patients in hospital
	Number by nativity	Number by State from which admitted			Number by nativity	Number by State from which admitted	
Alabama.....		1	3	Michigan.....		1	-----
Arkansas.....			1	Mississippi.....			3
Bahama Islands.....			5	Missouri.....			2
Bermuda Islands.....			1	Minnesota.....			1
British Guiana.....			1	Montenegro.....			1
British West Indies.....	1		6	New Jersey.....			1
California.....		10	6	New York.....		4	3
Canada.....			2	North Carolina.....	1		1
Canal Zone.....	1			North Dakota.....	1		1
Cape Verde Islands.....			1	Ohio.....	2	1	6
China.....	1		12	Panama.....			1
Cuba.....			3	Poland.....	1		1
Dutch Guiana.....			3	Pennsylvania.....		2	1
Florida.....	5	5	17	Philippine Islands.....	4		20
France.....			1	Puerto Rico.....			8
Georgia.....	1		6	Portugal.....			2
Greece.....			11	Rhode Island.....			1
Guadalupe.....			1	Russia.....			4
Hawaiian Territory.....			10	Society Islands.....			1
Hungary.....	1		1	South Carolina.....			2
India.....			1	Spain.....			5
Iowa.....			1	Texas.....	18	25	54
Italy.....	2		8	Virgin Islands.....	1		1
Japan.....			1	Virginia.....			1
Kentucky.....	1		1	Wisconsin.....			1
Louisiana.....	15	14	97	Washington.....		1	-----
Maryland.....			2				
Mexico.....	8		37	Total.....	64	64	361

#### LEPRA THERAPY

The majority of the patients continue to take chaulmoogra oil in some form or manner; 225 are taking the crude oil by mouth in doses ranging from 3 to 155 drops three times a day; 123 patients continue taking the benzocaine-chaulmoogra oil formula intramuscularly twice weekly; and 50 are taking the ethyl esters of hydnocarpus intramuscularly once weekly.

Two hundred thirty-four patients were admitted to the men's infirmary, and 97 to the women's infirmary for the treatment of acute exacerbations of leprosy or for intercurrent conditions. Both infirmaries continue to care for a number of chronically bedfast patients for whom the prognosis is unfavorable.

During the year, experiments with several different dyes of alleged therapeutic value for leprosy were tried without encouraging results.

The dermatological section continued its important functions in connection with lepra therapy, and the clinics have been of considerable interest to visiting physicians and medical students.

There were 23 deaths, attributable to the following causes as secondary to leprosy:

Nephritis.....	7
Tuberculosis, pulmonary.....	5
Laryngitis, leprous.....	3
Peritonitis.....	3
Suicide.....	2
Hemorrhage, gastro-intestinal.....	1
Myocarditis.....	1
Colitis.....	1

#### EYE, EAR, NOSE, AND THROAT SERVICE

Lesions of the eye have continued in progressive importance, not only from the standpoint of the pathological conditions encountered but from the inevitable tendency toward the destruction of the morale of the individual. Some intra-ocular surgery has been performed with occasionally very beneficial results. A great deal of prophylactic work was done in an effort to delay, if not completely to prevent, blindness. As in former years, plastic surgery was performed with considerable relief to the patients in ocular paralyses. Redundant tissue from the brow and eyelids, the lesions being sometimes of such massiveness as to interfere with vision, has been excised with considerable relief to the patient.

Cauterization of nodules in the nasal passage allows freer breathing and makes the patient more comfortable. The electro-cautery has been used in all cases and has been found to be superior to chemicals.

Plastic repair of saddle-back nose with costal cartilage was only temporarily satisfactory, owing to the later absorption of the graft; recently animal ivory has been used in several selected cases.

Routine nasal spraying at the clinic has been found helpful in relieving nasal congestion and in cleansing the nasal passages of crusts and secretions.

Tonsillectomies under local anesthesia are still being done as in the recent past. Some of the patients who had suffered from "nerve pains" reported improvement after operation.

Laryngeal infiltration with involvement of the oropharynx, hypopharynx, and tissues of soft palate and tonsillar pillars has been observed in a few cases. Steam inhalations and astringent sprays or gargles have afforded this class of patients the most relief.

The ear canal, middle and inner ear, have been found to be free from any gross leprous lesions. A few cases of middle-ear abscesses are occasionally observed. These cases arise from infection of the eustachian tube secondary to some nasal or throat lesion. Since the section has been actively treating the nasal passage, the incidence of middle-ear abscess has markedly decreased.

Refraction cases have been confined to new patients and the necessary changes among the patients who have been at the hospital for some time.

During the year 15,692 routine examinations were performed by the consultant, and 132,040 individual treatments were given in the department by technical assistance. Ninety-eight refractions were made and 176 major and minor operations were performed in the section.

#### NEUROPSYCHIATRIC SERVICE

All newly admitted patients were examined and appropriate reexaminations were made on old patients. The 20 paroled patients were likewise examined for comparison of the status upon discharge with neurologic conditions manifest upon admission.

As the population of the hospital has increased and the number of patients residing in the institution for longer periods of time has correspondingly increased, there is noted an increase of more or less serious mental disorders which are beginning to tax the facilities of the department.

#### ORTHOPEDIC SERVICE

During the year 460 patients were seen in consultation in the orthopedic clinic, and a total of 17,544 treatments was given, averaging 1,462 treatments per month, the largest number of treatments being given in July 1933, amounting to 2,492.

#### DENTAL SERVICE

Approximately 50 percent of the newly admitted patients suffered from either early or advanced pyorrhea alveolaris. Treatment of this disease has, as in the past, continued to be one of major importance in the dental service.

#### LABORATORY SERVICE

The routine of the laboratory has continued much as in the past. There is an increasing interest shown throughout the world in chemical research with reference to leprosy, and a variety of new procedures has been introduced for the various determinations. During the year nearly 100 special examinations have been made from a research standpoint in addition to routine blood counts, urinalyses, feces examinations, bacteriologic examinations of water and milk, etc. Two hundred and seventy-three clinical photographs were taken by the laboratory staff as a part of the clinical progress records of the individual patients, and approximately 100 special serologic tests were performed during the year. Of the 20 patients who died during the year, 12 were examined postmortem and appropriate histologic studies were made.

A special study of cholesterol and cholesterol esters in the blood of lepers and of the relation of the complement fixation test of syphilis and the Van den Bergh reaction was made and the material has been compiled for publication. During the year the laboratory manufactured 4,000 cc of ethyl esters of chaulmoogra oil for use in the hospital.

#### BACTERIOLOGIC SECTION

Cultures which continued to show acid-fast bacilli were transplanted and new ones were made from material such as nodules, spleen, testes, liver, and pus of lepers showing acid-fast bacilli, untreated and treated by various methods. When acid-fast bacilli were found, and it seemed advisable, transplants were made. Only material from cases which had no clinical signs of tuberculosis was used. The common media such as Petroffs, Petragnanis, etc., and many combinations of the following ingredients were used: Fish, eggs, egg embryo, oyster milk, brain potato, animal tissue, patient's serum, patient's urine, glycerin, oleic acid, amino acids, sugar, salts, trypsin, and insulin. Samples of medium supplied, with the formula, through the kindness of Dr. Duval, of Tulane University, are being tried out. Greater time will be required for evaluation. They were incubated at 37° C: by the aerobic method, the partial tension method of Whery, and the moist-chamber method. The gas-chamber method, with 10 percent carbon dioxide, similar to that of Soule and McKinley, was discontinued as it did not show results any different from those of the other methods.

Almost regardless of the media used, if of pH 7.0 or, preferably, slightly alkaline, there seemed to be an initial increase of acid-fast bacilli as observed microscopically. This increase may be due to an autolysis of the tissue around the bacilli and be only apparent, or it may be due to a growth factor in the tissue which is present with the acid-fast bacilli. At any rate, continued transplants showed fewer acid-fast bacilli instead of an increase.

The study of the blood was continued. The blood of 63 patients was withdrawn in 4 to 5 cc quantities and concentrated, and a search for acid-fast bacilli was made. The blood of 92 patients was withdrawn, and 481 cultures were made for acid-fast bacilli. Sixty-three transplants were made, but the acid-fast bacilli did not proliferate, and when present, they disappeared.

Antigen for the Gomes test was prepared from a strain of *M. leprae murium*.

Through the courtesy of the Florida State Board of Health, two leprous rats and an emulsion from the ground nodule of another rat were received. Seventy-four cultures and 91 transplants were made. Many acid-fasts are present, but it is too early to know whether they

are proliferating. Inoculations were made from an emulsion of the ground tissue of the rats into four white rats.

Ten gray rats, caught at this hospital, were autopsied. They showed no sign of leprosy.

Sixty-one stock cultures of acid-fast bacilli were transplanted every 2 months. Twenty-five of the acid-fast bacilli were isolated from lepers in different parts of the world. These acid-fast bacilli have been studied with the idea of finding the most favorable condition under which they proliferate.

#### NURSING SERVICE

The gradual increase in the number of helpless patients and the ever-present acute manifestations of leprosy and its complications progressively demand greater labor, and the nursing personnel has continued unstintingly in its devotion to duty so evident in the past.

#### DIETETIC SERVICE

It is a matter of surprising comment that the rising cost of food supplies is not reflected in the average ration cost for the fiscal year 1934, which was \$0.307—a decrease of \$0.078 from that in 1933, which was \$0.385. These economies were effected in the departments by the discontinuance of the privilege of special orders to patients on general diet, the alternating of certain articles of diet instead of serving both as had hitherto been done, and the simplifying of the Sunday dinners. The patients accepted these curtailments with very good will and without complaint.

Upon the request of a representative group of patients that some arrangements be made for a late lunch, the serving of milk and crackers between 8:30 and 9:30 p.m. to all patients desiring it, has been in effect for the past 6 months. The lunch is served from a cart and not carried by the patient into his room. Therefore, only patients who really desire the lunch are served, and food does not accumulate in the living quarters.

With a view to furthering the good will of the patients, refreshments for parties are furnished, meals are served *al fresco* when desired, certain foods are discontinued and others more popular are featured more frequently, and special menus are prepared for holidays. This has been done consistently for years with no increase of cost, and to the very great satisfaction of both patients and employees.

#### PHARMACY

The increase in the population of the hospital has reflected itself in the activities of the pharmacy. During the year, 12,707 prescriptions were compounded and 180,000 capsules were filled with chaulmoogra

oil and other preparations, used more or less routinely. One thousand pounds of ointment were issued on prescription and to clinics and infirmaries.

#### MISCELLANEOUS

In addition to the regular office routine, the work of collecting, sterilizing, and sorting of patients' outgoing mail and the sorting and distributing of all incoming mail was handled by the office force. During the year there were approximately 166,957 pieces of mail handled, consisting of letters, cards, newspapers, magazines, pamphlets, catalogs, and packages.

During the year, 66 new volumes of books and subscriptions to 28 magazines and 5 newspapers were obtained for the patients' library and reading room, payment for which was made out of the patients' benefit fund.

Satisfactory progress has been made toward the completion of the much-needed new infirmary which will be ready for occupancy in the near future. This building will have facilities for the care of 65 bed patients who may be suffering from acute exacerbations of leprosy or from intercurrent conditions, such patients having heretofore been cared for in remodeled cottages not primarily designed as sick bays. The new infirmary also permits the centralization of a number of correlated activities hitherto somewhat scattered.

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### THE PERSONALITY FACTOR IN PRISON DISCIPLINE <sup>1</sup>

By F. G. ZERBST, *Warden, United States Penitentiary, Leavenworth, Kans.*, and  
D. E. SINGLETON, *Acting Assistant Surgeon, United States Public Health Service*

There are numerous definitions of personality. Probably the clearest expression is that personality is that which distinguishes and characterizes a person. In other words, it is the sum total of an individual.

It is a well-known fact that no two personalities are alike, and that the personality of any individual is subject to wide variations at different periods of life, in response to different stimuli, and under different environments. Certain traits and reaction patterns are more or less constant in the same individual, however, and these characterize the personality.

The personality of an individual is the result of experience and innate tendencies to action. There is nothing mysterious about it. It is the integration of the physical, mental, and environmental forces that work together to make an orderly, adaptive person who is able

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<sup>1</sup> Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, held at Springfield, Mo., Sept. 13-15, 1934.

to meet the ordinary demands of society in any situation, or one, on the other hand, who is apparently incapable of adjusting himself to a socially acceptable order to any normal degree.

Inasmuch as the personality make-up varies greatly in the so-called normal individual, it would naturally be expected that a wider variation would be found in a penal institution. As a matter of fact, these extreme personality anomalies constitute our problem cases.

It is a fortunate situation that the larger percentage of our prison population conforms to the so-called normal-reaction types, and no especial disciplinary measures are required. These individuals have become inmates of the prison more through accident than because of any intentional antisocial conduct. As a rule they are intelligent. They fill responsible positions in the prison and are frequently very trustworthy and efficient, and aid materially in the administrative work of the institution. Their attitude is highly friendly and cooperative, and very little supervision is necessary. This group, known as the minimum-custody group, is not a disciplinary problem.

The recidivistic group, except those individuals with an abnormal personality, conform to prison discipline easily, because they are "prison-wise" and have learned that the easiest way to get along is to obey the rules. Except for occasional mild infractions brought about by jealousies or old gang feuds, this group does not constitute a serious disciplinary problem.

When an inmate is received at the institution, he is placed in quarantine for a period of at least 2 weeks, and during this period he undergoes a complete and thorough physical examination. Physical defects are noted and, at a later date, are corrected when possible. During this quarantine period the inmate is given psychological tests of different kinds to determine his intelligence rating and to ascertain outstanding personality traits. He is given a psychiatric examination, and any psychotic trends or other mental abnormalities are noted. Occasionally one is found who is definitely psychotic and is hospitalized at the time of admission to the institution. These interviews and examinations enable us to prognosticate with some degree of accuracy the probable adaptability of the inmate to prison life. Those who show mild personality abnormalities at the time of the examination are noted and recalled from time to time for observation in order to determine whether or not they are making a satisfactory adjustment. Effort is made to place all individuals in work that is compatible with their intelligence and personality make-up, and to supplement their education with trade and vocational training as well as the more advanced schooling.

In order properly to cope with infractions of the prison rules, it is necessary to have an understanding of the various personality types and to understand the motive or reason back of any disobedience of the



rules. The types unable to adjust to prison life are the problem cases who give us the greatest concern. These constitute approximately 15 percent of the prison population. They include the feeble-minded, borderline defectives, those with psychoses, constitutional psychopathic inferiors, and other abnormal types. We shall give a brief description of some of the more common abnormal types.

The vicious mental defective is always a serious problem to deal with. These individuals understand sufficiently to know right from wrong, but are unable to evaluate and profit by their experiences. They are usually profuse in their promises to do better in the future; but their memories are short-lived and they are almost sure to repeatedly violate rules and get into trouble. They frequently have psychotic periods of relatively short duration and require hospitalization.

The docile mental defective is not such a serious problem. They are easily influenced, however, and should be kept away from association with the so-called "hardened criminal". They can be easily trained to monotonous routine and, with the proper influence and guidance, lend themselves quite readily to the routine of prison life.

The frankly psychotic cases are necessarily hospitalized on the mental ward. The abnormal conditions of prison life become the precipitating factor in many instances, and the inability of such persons to adjust to the prison population requires their hospitalization indefinitely, oftentimes even after their discharge from the institution. These inmates, of course, must be kept separated from the other prisoners and cared for and treated for their mental diseases. They automatically become a medical rather than a disciplinary problem.

The constitutional psychopathic inferior group provides the greatest disciplinary problem of all. The abnormal conditions imposed by prison life tend to place an unusual stress or tension on this type of individual. As a member of the civil community in which he lived prior to entering prison, he had devised numerous ways in which he could escape from the pain of mental conflict or conditions incompatible with his personality. As a class, these individuals overcompensate for their shortcomings. Their boastful attitudes and egotism are well known. When, because of a highly repressed environment such as prison life, they are unable to escape the mental conflicts and intolerable situations that arise, mental disturbances are very likely to occur. These mental disturbances may break forth in many ways, from a mild infraction of the prison rules to a vicious and unprovoked attack upon a guard or another inmate. Fortunately there is usually some warning of such an outbreak in these cases. They may become dissatisfied with their work, they become restless, want cell changes for inadequate reasons, ask for frequent interviews with officials about minor and unimportant details, appear frequently on the sick line with vague complaints, grumble about the food and

numerous other things. Prophylactic treatment of these cases consists of hospitalization with rest and quiet for a few days until the symptoms pass. This has proved to be quite effective.

Within the group of constitutional psychopathic inferiors is found another group who are called extroverted constitutional psychopaths. These individuals are strongly extroverted and enjoy the social contacts with other inmates. They are extremely overactive and are often the instigators of petty complaints, write lengthy letters to officials, are active in organizing recreational activities, and other evidences of extrovertive traits. When isolated for infractions of the rules, these persons quickly break down mentally and have to be hospitalized. They simply cannot stand to be cut off from their associations with other people. After a short period of hospitalization they recover and will usually go for a long period without the necessity of any disciplinary measures.

The sneaking introvert types are persons who have learned to get what they want through trickery. If they are cunning, they are quite likely to keep themselves in the background, but they influence others of the feeble-minded and less intellectual types to carry out their various schemes. When individuals of this type are interviewed, they are unusually cooperative and extremely clever in covering up their schemes. Meanwhile the gullible are likely to suffer the consequences when they are only secondarily involved.

The paranoid individual is another troublesome type of the constitutional psychopathic group. He usually grumbles that he is being discriminated against, that someone else always has a better job, that he is being incarcerated unlawfully, and is never willing to accept the blame for any of his misconduct. He is likely to refuse to work because he thinks that he is being discriminated against, when, as a matter of fact, there is no job that would please him.

Another abnormal personality type worth mentioning here is the fear-reacting individual. He will appear voluntarily before some officer, usually very much excited, stating that some one or more inmates are threatening to do him bodily harm. This idea may be real or imaginary, but in either case it is very real to the inmate himself. Back of this fear reaction, if the threats are real, is usually found the fact that the inmate has "squealed" on some other inmate and he is talked about and threatened with an attack on his life. That such attacks actually do occur is well known; and whether the threats are real or fancied, the reaction of the individual is the same. The fear itself is real and the individual will eventually break down under the strain. The only recourse in such instances is isolation from the other inmate population until his fears subside, at which time it is often possible for him to return to the population and a normal readjustment.

The borderline defective group is composed of individuals whose intelligence quotients, as determined by the mental tests, range from 69 to 80. They are not of sufficiently low intelligence to be classified as feeble-minded, but are sufficiently retarded to be at a disadvantage among the normal inmates. If one tends to be emotional, he is easily imposed upon by his better endowed fellow inmates, he does not have the flexibility of mind to meet the situation properly, and the result is often an outburst of temper, fighting, or submission to the domination of a stronger personality. Such a situation creates administrative difficulties and could be best handled by separate housing for this group. The daily life of these persons can be highly "routinized" and placed on stricter schedules than is possible with more intelligent groups because of the fact that they accept monotony with relatively less resentment. Military drill with groups of this kind would lead to a discipline unobtainable in any other way.

In addition to the various types already cited, there are other individuals whom it is necessary to segregate from the prison population because they will not conform to the rules. There seems to be no outstanding personality abnormality except the fact that they are definitely antisocial. They cannot get along in the civil communities and they also fail to get along in prison. However, it is a fact worth mentioning that the incidence of potential psychosis is higher in this than in any other group in the prison. These are the types of inmates who should be placed in an especially provided institution, peculiarly equipped to deal with such problem cases. They do not profit by trade or vocational training; neither do they profit from their experiences. They exert an unwholesome influence on other inmates of the prison population. Rigid custodial care is apparently the only solution.

In the enforcement of discipline, it is not possible to apply mass methods if we are to achieve desirable results. Since the personality of one individual differs from that of another, so is it necessary to apply methods of discipline suitable to these different personalities. Unless and until such differences in personalities are recognized, the results achieved in the matter of enforcing discipline among the inmate body will be disappointing. Not only is it necessary that this fact be fully recognized by the management of a penal or correctional institution, but it must be made a matter of instruction to the entire officer personnel. To the extent that such recognition and instruction are made effective, will an improved discipline become apparent, a discipline of good behavior which respects the rights of fellow beings. Such a discipline is a necessity in any institution if high results in reclamation are to be attained. It may be obtained with a minimum of friction or punishment, if, and when, full recognition is given to the

fact that each inmate has a distinct personality of his own and that mass treatment as a class will not accomplish good results.

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## PROBLEM NEUROSES AND THEIR MANAGEMENT IN A CORRECTIONAL INSTITUTION<sup>1</sup>

By M. J. PESCOR, *Assistant Surgeon (R), United States Public Health Service*

The distinguishing characteristic of the psychoneurotic individual is his unsuccessful attempt to adapt himself to his environment and a conversion of his failure into bodily complaints for which he has no apparent physical basis. In other words, the neurotic subconsciously argues: "I can't go on. If I give up I will be scorned and ridiculed, but if I were sick, then I would have an alibi and sympathy. Therefore, I will be sick." It follows that the therapeutic approach may be made from two angles, namely, reconstruct the individual to suit the environment or reconstruct the environment to suit the individual. The first includes various measures, some of which are the correction of physical defects, psychoanalysis, educational and vocational training. However, most of the methods employed in reconstructing the personality are time consuming and hence cannot be applied for the relief of a situation demanding immediate attention especially when administrative problems are involved. For this reason changes in the environment must be resorted to.

The institution itself is a modified environment. The struggle for existence is reduced to a minimum. Food, shelter, clothing, medical attention, educational facilities, and recreation are provided without any effort on the part of the individual other than the performance of the tasks incident to his occupational assignment. Regular habits of living are enforced. There is greater social equality. All have a common immediate objective, namely, regaining their freedom. It is therefore not surprising that a large number of individuals who show unmistakable signs of psychoneurosis on admission clear up spontaneously after 3 or 4 months' residence in the institution.

The shaping of the institutional environment is a direct responsibility of the custodial authorities. They can make it pleasant or unpleasant as they choose. The modern trend is to make it as pleasant as consistent with the maintenance of discipline, order, and efficiency. In the event that the individual cannot adapt himself to the general prison regime, minor adjustments can still be made, such as change of occupation, change of residence from dormitory to cell, or vice versa. Frequently the maladjustment can be traced to extramural difficulties. The family may be in want. In such cases the

<sup>1</sup> Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, Springfield, Mo., Sept. 12-15, 1934.

social service department can be of considerable aid in securing financial assistance for the destitute family. In cases of religious conflict, the services of an understanding chaplain are not to be ignored.

Naturally, the general prison environment cannot be revamped entirely to suit a few discontented individuals; consequently a still simpler environment must be provided for the malcontent. At the United States Northeastern Penitentiary the convalescent detail answers this purpose. On this detail the individual does not have to do any work, or, if he chooses, very light work, such as picking up papers and trash. A special outdoor recreation court is provided for him. As the name implies, he is treated as a convalescent. If this does not suffice, the last resort is hospitalization. The hospital affords rest in bed, wholesome food, nursing care, and appropriate medication.

There are, therefore, three intramural environmental levels: (1) The general prison, (2) the convalescent detail, and (3) the hospital. The majority adjust at the first level spontaneously. Some have to start with the hospital and gradually work up to the general prison level. The fact that this has been done successfully in a number of cases suggests that with a controlled increase in the complexity of the environment there is a simultaneous reconstruction of the personality enabling it to adapt itself to the changes in environment.

There are some, however, who cannot grow beyond the hospital level. These constitute the medical problem cases. Sometimes harsh, unsympathetic treatment proves remarkably successful. Occasionally this unrelenting attitude has to be tempered with minor concessions simply to bolster up the deflated ego of the individual. The main difficulty with such a procedure is the danger of incurring adverse public criticism. Disgruntled individuals are very prone to threaten appeal to higher authority if they do not have their desires fulfilled.

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## COURT DECISION ON PUBLIC HEALTH

*City held not liable for failure to abate nuisance.*—(Colorado Supreme Court; *City and County of Denver et al. v. Ristau et ux.*, 33 P. (2d) 387; decided May 21, 1934.) The owners of certain real estate in the city and county of Denver brought an action against such city and county for damages claimed to have occurred because of the municipality's failure to abate a nuisance arising from a dump near their property. A jury returned a verdict against the defendant for \$500 and judgment was entered. An appeal was taken by the municipality to the supreme court.

The Denver Municipal Code provided that, whenever any nuisance should be found on any premises, the manager of health and charity

was authorized, in his discretion, to cause the same to be summarily abated in such manner as he might direct, and also provided that "It shall be the duty of the manager of health and charity and such other officers as he may direct, from time to time, to ascertain and cause all nuisances declared to be such in this ordinance to be abated."

The supreme court took the view that the municipality was not liable and reversed the lower court's judgment with directions to dismiss the complaint. Portions of the appellate court's opinion follow:

The city contends that even though it had notice, and failed to prevent dumping by others, and failed to enforce its ordinances, it was not liable for damages sustained by the existence of a dump on private property, when the city never authorized or contributed to its existence. In the event the city had no ordinance on this subject, it would not be liable, neither would it be liable for its failure or inability to enforce its ordinance. \* \* \*

The abatement of a nuisance is a part of the governmental power of a municipality (*McMahon v. City of Telluride*, 79 Colo. 281, 244 P. 1017, 46 A. L. R. 358). It is solely discretionary and it is well-settled law that it is not bound to exercise such power. No legal duty was imposed upon the city to abate the nuisance. The exercise of the power being discretionary is subject to the judgment of the municipal officers and in the exercise of that judgment they would be clothed with full power to make their judgment effective. \* \* \*

The latter ordinance [the ordinance mentioned above] is a delegation of this particular class of duty to a designated officer. It has to fall to someone. It is not here claimed that the city had any part in the establishment of this dump or in any way contributed to its use as such. That it was considered a nuisance cannot be questioned, since it was so treated by the city, as evidenced by its efforts to remove it. The complaint seems to be based solely upon the city's failure, after notice, to abate. It is to be observed that the ordinances do not provide the method of abatement. Evidently this was left to the discretion of the officer to whom this particular duty had been delegated. He had the power to decide how this should be done. That decision was made, and, as shown by the evidence, a reasonable effort was made to remedy the trouble and prevent the nuisance. Abatement does not necessarily mean by court order. For unsuccessful attempts or failure in this governmental function, undertaken for the benefit of all the public—as such would be, though immediately affecting plaintiffs—the authorities are uniform to the effect that the city is not liable.

## DEATHS DURING WEEK ENDED OCT. 27, 1934

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Oct. 27, 1934	Correspond- ing week, 1933
<b>Data from 86 large cities of the United States:</b>		
Total deaths.....	7,617	7,512
Deaths per 1,000 population, annual basis.....	10.6	10.5
Deaths under 1 year of age.....	587	534
Deaths under 1 year of age per 1,000 estimated live births.....	55	45
Deaths per 1,000 population, annual basis, first 43 weeks of year.....	11.3	10.8
<b>Data from industrial insurance companies:</b>		
Policies in force.....	67,008,998	67,525,404
Number of death claims.....	11,577	12,187
Death claims per 1,000 policies in force, annual rate.....	9.0	9.4
Death claims per 1,000 policies, first 43 weeks of year, annual rate.....	9.9	9.8

<sup>1</sup> Data for 81 cities.

# PREVALENCE OF DISEASE

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

## UNITED STATES

### CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended Nov. 3, 1934, and Nov. 4, 1933

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Nov. 3, 1934, and Nov. 4, 1933*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933
<b>New England States:</b>								
Maine.....	2	2			20		0	0
New Hampshire.....					52	3	0	0
Vermont.....						2	0	0
Massachusetts.....	7	25			46	119	2	2
Rhode Island.....		1					0	0
Connecticut.....	6	9	2	2	72	15	0	1
<b>Middle Atlantic States:</b>								
New York.....	27	37	13	29	319	239	1	1
New Jersey.....	10	26	20	18	23	12	2	0
Pennsylvania.....	54	83			364	96	3	3
<b>East North Central States:</b>								
Ohio.....	164	140	7	4	161	28	0	1
Indiana.....	85	104	27	51	80	10	1	0
Illinois.....	54	49	10	16	153	17	0	7
Michigan.....	24	39	1	4	36	6	0	2
Wisconsin.....	5	14	29	33	118	17	6	0
<b>West North Central States:</b>								
Minnesota.....	4	14		1	74	1	0	0
Iowa.....	21	13	1		20	1	0	0
Missouri.....	67	112	52	2	97	5	0	0
North Dakota.....	2	9		4	17	2	1	0
South Dakota.....	1	4	5	1	5	54	0	0
Nebraska.....	11	9	1	10	4	1	0	0
Kansas.....	12	38	1		43	4	0	0
<b>South Atlantic States:</b>								
Delaware.....	1						0	1
Maryland.....	33	23		11	9	9	0	0
District of Columbia.....	11	10			3	5	1	3
Virginia.....	97	116			194	38	1	0
West Virginia.....	63	124	14	10	39	12	0	0
North Carolina.....	119	163		15	39	222	0	2
South Carolina.....	30	32	311	327	1	28	0	0
Georgia.....	42	52				32	0	2
Florida.....	8	13		1	1	3	0	0

Footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers  
for weeks ended Nov. 3, 1934, and Nov. 4, 1933—Continued*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933
<b>East South Central States:</b>								
Kentucky.....	103	180	17	10	62	3	1	2
Tennessee.....	91	98	46	36	7	109	0	0
Alabama <sup>1</sup> .....	74	59	50	36	53	3	0	0
Mississippi.....	40	37					0	0
<b>West South Central States:</b>								
Arkansas.....	24	33	6	6		15	0	1
Louisiana <sup>1</sup> .....	21	50	5	9	3	4	1	0
Oklahoma <sup>1</sup> .....	13	118	40	19		7	1	1
Texas <sup>1</sup> .....	62	298	138	131	12	12	0	0
<b>Mountain States:</b>								
Montana.....	9	3	2	13	106	3	1	0
Idaho.....			3				0	0
Wyoming.....		1				1	0	0
Colorado.....	8	7			76	4	0	0
New Mexico.....	9	11	9	2	34	25	1	0
Arizona.....			3	9	6	32	4	0
Utah <sup>1</sup> .....		1		4	15	43	0	0
<b>Pacific States:</b>								
Washington.....	1	2		1	81	44	0	2
Oregon.....	1	2	22	15	10	44	0	1
California.....	25	50	11	70	20	169	0	3
<b>Total.....</b>	<b>1,441</b>	<b>2,211</b>	<b>846</b>	<b>900</b>	<b>2,475</b>	<b>1,489</b>	<b>27</b>	<b>35</b>

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933
<b>New England States:</b>								
Maine.....	0	2	12	18	0	0	16	7
New Hampshire.....	0	0	7	19	0	0	0	0
Vermont.....	0	4	7	3	0	0	1	0
Massachusetts.....	2	3	121	133	0	0	2	2
Rhode Island.....	0	0	7	10	0	0	2	0
Connecticut.....	0	3	31	53	0	0	1	0
<b>Middle Atlantic States:</b>								
New York.....	1	18	271	270	0	0	12	23
New Jersey.....	1	3	106	100	0	0	11	6
Pennsylvania.....	5	7	381	345	0	0	32	39
<b>East North Central States:</b>								
Ohio.....	10	13	512	656	3	0	23	39
Indiana.....	1	0	188	228	6	0	13	11
Illinois.....	2	5	386	336	0	0	24	28
Michigan.....	4	2	188	222	0	0	7	15
Wisconsin.....	4	7	352	80	43	18	0	3
<b>West North Central States:</b>								
Minnesota.....	6	12	74	60	7	4	0	2
Iowa <sup>1</sup> .....	2	1	57	97	1	1	7	1
Missouri.....	1	0	76	136	6	2	37	5
North Dakota.....	0	1	22	5	0	0	0	1
South Dakota.....	0	1	14	26	3	1	0	5
Nebraska.....	1	0	27	44	5	7	0	0
Kansas.....	4	2	58	139	0	5	3	9
<b>South Atlantic States:</b>								
Delaware.....	0	0	5	7	0	0	2	2
Maryland <sup>1</sup> .....	0	4	96	84	0	0	4	17
District of Columbia.....	0	0	24	5	0	0	0	6
Virginia.....	4	1	119	180	0	0	11	14
West Virginia.....	1	3	191	145	0	0	17	19
North Carolina <sup>1</sup> .....	0	0	125	232	0	1	5	9
South Carolina.....	0	0	13	11	0	1	3	19
Georgia <sup>1</sup> .....	0	2	13	20	0	1	3	6
Florida.....	0	0	6	4	0	0	1	0

Footnotes at end of table.



*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Nov. 3, 1934, and Nov. 4, 1933—Continued*

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933	Week ended Nov. 3, 1934	Week ended Nov. 4, 1933
<b>East South Central States:</b>								
Kentucky.....	3	1	118	165	0	0	44	25
Tennessee.....	4	2	108	130	0	0	23	25
Alabama <sup>1</sup> .....	0	1	53	64	1	0	7	12
Mississippi.....	0	0	30	33	0	1	7	3
<b>West South Central States:</b>								
Arkansas.....	2	1	7	8	1	0	12	5
Louisiana <sup>2</sup> .....	1	0	13	23	0	0	16	13
Oklahoma <sup>3</sup> .....	0	0	13	29	3	0	18	45
Texas <sup>4</sup> .....	11	0	48	107	3	6	34	58
<b>Mountain States:</b>								
Montana.....	7	0	2	16	0	0	8	5
Idaho.....	0	0	3	3	0	0	2	0
Wyoming.....	1	0	10	12	3	0	1	0
Colorado.....	0	0	128	48	0	2	8	8
New Mexico.....	0	0	20	25	0	0	19	26
Arizona.....	2	0	20	4	0	0	2	2
Utah <sup>5</sup> .....	1	1	27	5	0	0	0	2
<b>Pacific States:</b>								
Washington.....	14	3	45	27	23	3	4	2
Oregon.....	3	0	61	53	0	1	2	0
California.....	11	4	123	182	0	8	13	20
<b>Total.....</b>	<b>109</b>	<b>107</b>	<b>4,318</b>	<b>4,607</b>	<b>108</b>	<b>62</b>	<b>457</b>	<b>539</b>

<sup>1</sup> New York City only.

<sup>2</sup> Week ended earlier than Saturday.

<sup>3</sup> Typhus fever, week ended Nov. 3, 1934, 22 cases as follows: North Carolina, 1; Georgia, 4; Alabama, 7; Louisiana, 1; Texas, 9.

<sup>4</sup> Exclusive of Oklahoma City and Tulsa.

### SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week:

State	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Malaria	Measles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<i>September 1934</i>										
Mississippi.....	1	110	1,023	10,017	65	348	4	77	0	28
Puerto Rico.....		50	159,849	1,798	46					15
Washington.....	1	9	34		112		209	74	23	19
<i>October 1934</i>										
Delaware.....		8	1	1	4			32	0	15
District of Columbia.....	1	52	2		7	1	2	95	0	5
Maine.....		4	3		11		5	74	0	33
Nebraska.....		41	2		44		3	75	6	1

September 1934		September 1934—Continued		October 1934	
	Cases		Cases		Cases
Chicken pox:		Mumps:		Chicken pox:	
Mississippi.....	124	Mississippi.....	167	Delaware.....	16
Puerto Rico.....	27	Puerto Rico.....	60	District of Columbia.....	30
Washington.....	72	Washington.....	86	Maine.....	94
Dengue:		Ophthalmia neonatorum:		Nebraska.....	66
Mississippi.....	15	Puerto Rico.....	5	German measles:	
Dysentery:		Paratyphoid fever:		Maine.....	21
Mississippi (amoebic).....	109	Puerto Rico.....	1	Lethargic encephalitis:	
Puerto Rico.....	69	Washington.....	2	Nebraska.....	2
Washington (amoebic).....	5	Puerperal septicemia:		Mumps:	
Washington (bacillary).....	1	Mississippi.....	26	Delaware.....	1
Enteritis:		Puerto Rico.....	5	Maine.....	18
Washington (under 2 years).....	4	Rabies in animals:		Nebraska.....	14
Washington (over 2 years).....	14	Mississippi.....	5	Rabies in animals:	
Filariasis:		Washington.....	15	Maine.....	1
Puerto Rico.....	5	Tetanus:		Septic sore throat:	
German measles:		Puerto Rico.....	12	Nebraska.....	2
Washington.....	5	Tetanus, infantile:		Undulant fever:	
Hookworm:		Puerto Rico.....	6	Delaware.....	1
Mississippi.....	339	Trachoma:		Maine.....	3
Impetigo contagiosa:		Mississippi.....	2	Vincent's infection:	
Washington.....	5	Undulant fever:		Maine.....	1
Leprosy:		Washington.....	4	Whooping cough:	
Puerto Rico.....	3	Whooping cough:		Delaware.....	11
Lethargic encephalitis:		Mississippi.....	303	District of Columbia.....	36
Washington.....	2	Puerto Rico.....	163	Maine.....	119
		Washington.....	137	Nebraska.....	26

### DENGUE IN SOUTHEASTERN STATES

During the week ended November 3, 1934, 37 cases of dengue were reported in the State of Georgia.

On November 2, 1934, it was estimated that there were 25 cases of dengue in Miami, Fla.

### WEEKLY REPORTS FROM CITIES

*City reports for week ended Oct. 27, 1934*

[This table summarizes the reports received regularly from a selected list of 121 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.]

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland.....	0		0	0	2	2	0	0	3	3	24
New Hampshire:											
Concord.....	0		0	0	0	0	0	2	0	0	11
Nashua.....	0			0		4	0		0	0	
Vermont:											
Barre.....											
Burlington.....	0		0	0	0	1	0	0	1	0	12
Massachusetts:											
Boston.....	2		0	5	11	17	0	7	0	27	221
Fall River.....	0		0	3	1	0	0	3	0	1	30
Springfield.....	0		0	1	0	4	0	3	0	1	42
Worcester.....	0		0	0	6	33	0	2	0	4	56
Rhode Island:											
Pawtucket.....	0		0	0	0	0	0	0	0	0	9
Providence.....	2		0	0	3	5	0	2	0	6	57
Connecticut:											
Bridgeport.....	0		0	1	2	4	0	0	0	1	25
Hartford.....	1		0	49	2	0	0	1	0	0	35
New Haven.....	0		0	1	1	0	0	3	0	0	31
New York:											
Buffalo.....	1		0	1	8	21	0	5	0	13	119
New York.....	25	10	1	17	102	72	0	75	11	238	1,367
Rochester.....	0		0	7	1	5	0	0	1	6	54
Syracuse.....	0		1	0	4	7	0	0	0	25	52
New Jersey:											
Camden.....	0	1	1	0	4	2	0	0	0	10	36
Newark.....	0	1	0	1	2	10	0	2	0	24	75
Trenton.....	0		0	0	1	9	0	2	1	0	46

## City reports for week ended Oct. 27, 1934—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
<b>Pennsylvania:</b>											
Philadelphia.....	10	1	0	2	22	41	0	32	1	141	468
Pittsburgh.....	8	2	1	7	20	42	0	7	1	1	151
Reading.....	0		1	0	1	5	0	3	0	11	25
Seranton.....	0			23		5	0		0	8	
<b>Ohio:</b>											
Cincinnati.....	20		1	0	5	40	0	4	0	1	119
Cleveland.....	4	15	0	0	9	24	0	13	2	43	171
Columbus.....	6		0	1	1	35	0	2	3	6	72
Toledo.....	4	2	1	1	6	13	0	4	1	6	71
<b>Indiana:</b>											
Fort Wayne.....	10		1	0	1	2	0	0	0	0	
Indianapolis.....	16		1	3	8	25	0	3	0	11	
South Bend.....	0		0	5	0	1	0	0	0	0	
Terre Haute.....	0		0	0	1	0	0	0	0	0	22
<b>Illinois:</b>											
Chicago.....	25	1	2	15	36	129	0	38	1	44	602
Springfield.....	0		0	0	2	5	0	0	1	3	11
<b>Michigan:</b>											
Detroit.....	21		1	21	19	48	0	19	3	30	235
Flint.....	0		0	4	3	5	0	2	0	6	28
Grand Rapids.....	0		0	0	3	11	0	0	0	8	38
<b>Wisconsin:</b>											
Kenosha.....	0		0	0	0	6	0	0	0	15	8
Madison.....	0		0	0	0	3	0	0	0	3	
Milwaukee.....	3	1	0	5	6	254	0	3	0	23	81
Racine.....	2		0	0	1	6	0	0	0	3	24
Superior.....	0		0	0	0	0	0	0	0	0	12
<b>Minnesota:</b>											
Duluth.....	0		0	11	1	0	0	1	0	0	18
Minneapolis.....	2		0	27	3	9	0	3	0	18	91
St. Paul.....	0		0	0	8	7	1	1	0	15	76
<b>Iowa:</b>											
Davenport.....	1			0		2	0		0	0	
Des Moines.....	2		0	0	0	13	0	0	0	0	32
Sioux City.....	0			2		0	0		0	2	
Waterloo.....	7			8		1	0		0	0	
<b>Missouri:</b>											
Kansas City.....	1		1	1	11	8	0	3	0	1	85
St. Joseph.....	4		0	0	8	1	0	2	0	0	31
St. Louis.....	37		1	0	9	13	0	7	0	15	201
<b>North Dakota:</b>											
Fargo.....	0		0	0	1	2	0	0	0	24	5
Grand Forks.....	0			0		2	0		0	1	
<b>South Dakota:</b>											
Aberdeen.....	0			0		3	0		0	3	
Sioux Falls.....	0			0		0	0		0	0	8
<b>Nebraska:</b>											
Omaha.....	14		0	0	4	10	0	2	0	2	49
<b>Kansas:</b>											
Topeka.....	0		0	1	4	2	0	0	0	0	19
Wichita.....	0		0	0	2	1	0	0	2	0	19
<b>Delaware:</b>											
Wilmington.....	4		0	0	0	3	0	0	1	0	34
<b>Maryland:</b>											
Baltimore.....	0	5	2	3	19	25	0	16	1	24	217
Cumberland.....	0		0	0	0	2	0	0	0	0	11
Frederick.....	0		0	0	0	3	0	0	0	0	1
<b>District of Columbia:</b>											
Washington.....	8		0	2	5	18	0	8	3	5	153
<b>Virginia:</b>											
Lynchburg.....	8		0	0	0	6	0	0	0	7	15
Norfolk.....	0		0	0	3	6	0	2	0	1	20
Richmond.....	1		1	0	2	11	0	2	0	0	52
Roanoke.....	5		0	1	1	7	0	2	0	0	16
<b>West Virginia:</b>											
Charleston.....	3		0	1	1	13	0	1	1	0	19
Huntington.....	4			0		11	0		0	0	
Wheeling.....	0		0	2	2	15	0	0	0	0	19
<b>North Carolina:</b>											
Raleigh.....	1		0	1	0	1	0	0	0	0	17
Wilmington.....	0		0	0	1	4	0	2	0	0	15
Winston-Salem.....	12		0	0	0	8	0	1	1	2	15
<b>South Carolina:</b>											
Charleston.....	0	19	0	1	1	1	0	3	1	0	25
Columbia.....	0		0	0	0	0	0	0	0	0	20
Greenville.....	0		0	0	0	2	0	0	0	0	

## City reports for week ended Oct. 27, 1934—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Georgia:											
Atlanta	23	18	1	0	4	10	0	3	0	9	72
Brunswick	0		0	0	0	0	0	0	0	0	5
Savannah	0	1	0	0	3	0	0	1	0	0	29
Florida:											
Miami	1		0	0	0	0	0	1	0	0	21
Tampa	2	1	1	0	0	2	0	1	1	0	17
Kentucky:											
Ashland	6			0		2	0		1	0	
Lexington	4		0	0	2	3	0	2	0	0	26
Louisville	23		0	2	9	7	0	3	1	0	61
Tennessee:											
Memphis	5		1	0	2	9	0	0	0	11	72
Nashville	3		0	0	4	6	0	2	0	0	38
Alabama:											
Birmingham	6	1	0	0	4	5	0	3	2	4	48
Mobile	4		0	0	0	0	0	0	0	0	17
Montgomery	1			0		0	0		0	0	
Arkansas:											
Fort Smith											
Little Rock	6		0	0	0	0	0	0	1	2	
Louisiana:											
New Orleans	23	1	1	0	8	8	0	10	1	0	131
Shreveport	1		0	0	1	1	0	1	0	0	29
Oklahoma:											
Oklahoma City	0		0	0	3	0	0	0	0	0	48
Texas:											
Dallas	5		0		1	7	0	0	1	3	38
Fort Worth	5		0	0	3	1	0	2	0	0	36
Galveston	0		0	0	0	1	0	1	0	0	13
Houston	11		0	0	2	2	0	5	0	0	63
San Antonio	0		2	0	5	1	0	6	0	0	57
Montana:											
Billings	2		0	4	0	5	0	0	0	0	4
Great Falls	0		0	0	2	0	0	0	0	0	
Helena	0		0	0	0	0	0	0	0	0	7
Missoula	0		0	0	1	0	0	0	3	0	4
Idaho:											
Boise	0		0	0	2	0	0	0	0	0	9
Colorado:											
Denver	4	27	0	40	5	89	0	7	1	9	72
Pueblo	1		0	0	1	2	0	1	0	0	14
New Mexico:											
Albuquerque	1	1	1	0	0	1	0	3	0	0	9
Utah:											
Salt Lake City	0		0	4	5	13	0	1	2	28	37
Nevada:											
Reno	0		0	0	0	0	0	0	0	0	3
Washington:											
Seattle	0			0	3	2	9	4	0	10	81
Spokane	0		0	3	2	5	0	1	1	0	27
Tacoma	0		0	0	4	2	1	0	0	1	23
Oregon:											
Portland	0		1	0	3	19	0	2	0	0	78
Salem	0	1		0		0	0		0	0	
California:											
Los Angeles	20	9	0	4	9	40	0	16	0	9	275
Sacramento	0		0	2	5	5	0	1	0	2	23
San Francisco	0		0	2	7	10	0	8	0	16	141

† Includes 5 nonresidents.

## City reports for week ended Oct. 27, 1934—Continued

State and city	Meningococcus meningitis		Polio- mye- litis cases	State and city	Meningococcus meningitis		Polio- mye- litis cases
	Cases	Deaths			Cases	Deaths	
Maine:				Kentucky:			
Portland.....	0	1	0	Louisville.....	0	1	0
New York:				Tennessee:			
Buffalo.....	0	1	3	Memphis.....	0	0	1
New York.....	2	0	1	Louisiana:			
Pennsylvania:				New Orleans.....	1	0	0
Philadelphia.....	1	0	0	Oklahoma:			
Reading.....	0	0	1	Oklahoma City.....	0	1	0
Ohio:				Texas:			
Cincinnati.....	0	0	3	Dallas.....	0	0	1
Cleveland.....	0	0	1	Galveston.....	0	0	1
Illinois:				Houston.....	0	0	1
Chicago.....	1	2	7	Montana:			
Michigan:				Billings.....	0	0	3
Detroit.....	0	1	3	Colorado:			
Wisconsin:				Denver.....	2	1	0
Milwaukee.....	0	0	2	Washington:			
Racine.....	1	1	0	Seattle.....	0	0	6
Iowa:				California:			
Des Moines.....	2	0	0	Los Angeles.....	0	0	8
Maryland:							
Baltimore.....	1	1	0				

*Dengue*.—Cases: Atlanta, 38; Savannah, 23; Miami, 13; Tampa, 14.

*Lethargic encephalitis*.—Cases: Columbus, 1; Indianapolis, 1; St. Louis, 1.

*Pellagra*.—Cases: Winston-Salem, 1; Montgomery, 1; New Orleans, 3.

*Rabies in man*.—Chicago, 1 death.

*Typhus fever*.—Cases: Baltimore, 1; Charleston, S. C., 1; Atlanta, 2.

## FOREIGN AND INSULAR

### CANADA

*Provinces—Communicable diseases—2 weeks ended October 20, 1934.*—During the 2 weeks ended October 20, 1934, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada, as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis	-----	-----	1	3	4	-----	-----	1	-----	9
Chicken pox	-----	2	2	151	287	113	179	46	79	859
Diphtheria	-----	2	13	36	27	44	10	1	4	137
Dysentery	-----	-----	-----	4	4	-----	-----	-----	20	28
Erysipelas	-----	-----	-----	12	2	6	1	1	-----	22
Influenza	-----	9	-----	17	5	-----	6	-----	23	60
Lethargic encephalitis	-----	-----	-----	1	-----	-----	-----	-----	-----	1
Measles	-----	62	-----	222	99	13	42	16	4	458
Mumps	-----	-----	-----	-----	78	4	9	-----	29	120
Paratyphoid fever	-----	1	-----	-----	3	-----	-----	-----	-----	4
Pneumonia	-----	5	-----	-----	11	-----	-----	-----	-----	28
Polio-myelitis	-----	-----	-----	8	49	-----	3	-----	9	62
Scarlet fever	3	10	18	173	191	50	21	12	101	579
Smallpox	-----	-----	-----	-----	-----	-----	-----	-----	-----	1
Trachoma	-----	-----	-----	-----	-----	-----	1	-----	2	3
Tuberculosis	1	7	18	140	96	21	4	8	26	321
Typhoid fever	1	-----	6	81	41	3	4	12	3	151
Undulant fever	-----	-----	-----	1	2	-----	1	-----	-----	4
Whooping cough	-----	4	3	260	197	35	69	9	48	625

### YUGOSLAVIA

*Communicable diseases—September 1934.*—During the month of September 1934, certain communicable diseases were reported in Yugoslavia, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax	136	12	Polio-myelitis	3	-----
Cerebrospinal meningitis	5	1	Scarlet fever	522	9
Diphtheria and croup	1,303	116	Sepsis	6	3
Dysentery	913	105	Tetanus	55	25
Erysipelas	169	9	Typhoid fever	1,646	131
Measles	229	1	Typhus fever	12	1
Paratyphoid fever	47	1			

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER**

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the **PUBLIC HEALTH REPORTS** for Oct. 26, 1934, pp. 1286-1290. A similar cumulative table will appear in the **PUBLIC HEALTH REPORTS** to be issued Nov. 30, 1934, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

**Plague**

*Argentina—Santiago del Estero Province—Department of St. Martin.*—During the month of September 1934, 11 cases of plague with 11 deaths were reported in the Department of St. Martin, Santiago del Estero Province, Argentina.

*China—Manchuria.*—A report dated September 21, 1934, states that there have been 261 cases of bubonic plague reported in central Manchuria since the outbreak of this disease in the latter part of June 1934. Of the total number of cases reported, 104 cases have been reported in Tungliao, 30 in Liaoyuan, 86 in Nungan, 32 in Fuyu, 7 in Hanan, and 2 in Changling. Rigid quarantine had been established.

*Hawaii Territory—Island of Hawaii—Hamakua District.*—Plague has been reported in Hawaii Territory, Island of Hawaii, Hamakua District, as follows: On October 31, 1934, 1 case of human plague with 1 death was reported in Paauhau; on October 23, 1934, 1 plague-infected rat was reported in Pohakea; on October 25, 1934, 1 plague-infected rat was reported in Kalopa.

*Morocco—Tangier.*—On October 30, 1934, one case of plague was reported at Tangier, Morocco.

**Smallpox**

*Straits Settlements—Singapore.*—During the week ended October 20, 1934, one case of smallpox was reported at Singapore, Straits Settlements.

**Typhus Fever**

*Japan—Kobe.*—During the week ended October 6, 1934, one case of typhus fever was reported at Kobe, Japan.

**Yellow Fever**

*Brazil.*—Yellow fever has been reported in Brazil as follows: On July 25, 1934, 1 case with 1 death was reported at Fonte Boa, Amazonas State, and 1 case with 1 death was reported at Novo Oriente, Ceara State, Brazil.